

# Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935  
Madison, WI 53708-8935

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1400 E. Washington Avenue  
Madison, WI 53703  
E-Mail: [dsps@wisconsin.gov](mailto:dsps@wisconsin.gov)  
Website: <http://dsps.wi.gov>

## PRIVATE DETECTIVE AGENCY RENEWAL ADDENDUM FOR ONLINE PAYMENTS

Agency Name: \_\_\_\_\_ License/Credential Number: \_\_\_\_\_

Please fill in the agency name and license/credential number and complete the information below. You can then **fax this form to the Renewal Office at (608) 251-3036 or email to [dspsrenewal@wisconsin.gov](mailto:dspsrenewal@wisconsin.gov)**. Even though you paid online, the renewal requirements will **NOT** be complete until we receive the necessary signatures on this form and a copy of the new bond or proof of insurance if the expiration date is prior to 9/1/2015.

You must check either "yes" or "no", and obtain signatures as follows: For a SOLE PROPRIETORSHIP, the sole proprietor must sign; for a PARTNERSHIP, all partners must sign; for a CORPORATION, the secretary and either the president or vice president must sign; and for a LIMITED LIABILITY COMPANY, all members must sign.

☐ YES    ☐ NO

Has Any Officer, Partner, Member Or Sole Proprietor Been Convicted Within The Last Two Years, Since The Last Renewal Or Initial Issuance Of A License/Credential (If Less Than 2 Years), Of A Felony, A Misdemeanor Or A Violation Of Any State Or Local Law (Other Than Traffic) That Is Punishable By A Forfeiture, Or, Are Charges Pending? (If **Yes**, Please Provide A Completed Form #2252 (Convictions And Pending Charges), Along With An Additional \$8.00 CIB Fee And All Other Requested Documents, Including Your Personal Statement, To The Department.

\_\_\_\_\_  
SIGNATURE AND TITLE

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MAKING A FALSE STATEMENT IN CONNECTION WITH ANY APPLICATION FOR CREDENTIAL IS GROUNDS FOR REVOCATION OR DENIAL.

#062RA (Rev. 6/15)  
CH. 440

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